

## Procedure for Ordering Samples in HHS Lab Portal

- ❖ Sign in with your username and password.
- ❖ Under “manage orders” click “Order patient samples”
  - Start typing the patient’s name. (Last name first)
    - If the patient is in the system under your practice, the patient will pop up under a drop-down menu.
    - Select the correct patient from this menu. Confirm the patient’s information is correct after selecting the patient.

**New Order**

Please Select a Patient

Order ID: NEW ORDER Status: NEW ORDER Entered by: ..Test User, Laboratory

Patient: ZZTE Patient MRN: [redacted]

Collection Location: [redacted]

Ordering Location: [redacted]

Order Date: [redacted]

Ordering Provider: [redacted]

Submitter Order ID: [redacted]

Newborn Screening Only: [redacted]

Order Choices

New Patient

- If the patient is not in the system click “new patient” at the bottom of the drop-down menu.
  - ◆ The “new patient” button will bring up the demographics page to fill out.
  - ◆ Type your MR for the patient in the “Practice MRN” Field.
  - ◆ The required fields are “Last Name”, “First Name”, “Date of Birth”, and “Sex”.
  - ◆ Please provide all other available information such as race, ethnicity, and address.
  - ◆ Additional fields are required for newborn screening.

**Zztest, Cougar**

Order ID: NEW ORDER

Patient: Zztest

Collection Location: [redacted]

Ordering Location: PUB

Order Date: 08

Ordering Provider: [redacted]

Submitter Order ID: [redacted]

Newborn Screening Only: [redacted]

Order Choices

Search Order Choice L

Order Choice Search

Order Choices

Please select an ordering p

Documentation and Act

Print Labels

Clinical Info

Sign Out

Save Discard Changes Cancel

New Order Back < Back to Fix Orders

- For Newborns:
  - ◆ If the baby has yet to be named, the first name should be entered as “Boy/Girl mother’s name”. (ex. BoyJane)
  - ◆ In the case of multiple babies (twins) please add the birth order letter in front of the first name (ex. ABoyJane). Only use these letters for multiple births, not single births.
  - Fill out “Patient Birth Time”, “Mother’s name”, “Birth Order”, and “Birthweight”.
  - ◆ “Mother’s name” should be entered as Last name, First name.

**Required For Newborn Screening:**

Patient Birth Time: 07 : 00 AM

Mother's Name: Smith, Jane

Birth Order: Single

Birthweight (gms): 3000

Comments Alerts Linked Docs Aliases

✱ Required field

- Once all the patient information has been entered click “Save”. This will save the patient in the system for future use.
  - ◆ Once you click “Save” it will close the demographics page and return to the order screen.
- Fill out the “Collection Date” and the “Ordering Provider.”
  - If the provider you would like to use is not on the list please use “..Laboratory.” AFTER saving the order, create a ticket on the order to have the new provider added to the system (see p. 16 for instructions).
  - The Submitter ID field is an optional field for your sample/accessioning number.

**Zzttest22, Patient**

Order ID: NEW ORDER Status: NEW ORDER Entered by: ..Test User, Laboratory

Patient: Zzttest22, Patient

Collection Location: ..Test Location

Collection Date: 08 / 03 / 2021 03 : 45 PM

Ordering Location: ..Test Location

Order Date: 08 / 03 / 2021 04 : 04 PM

Ordering Provider: ..Laboratory

Submitter Order ID:

Newborn Screening Only: NBS Form No: NBS Repeat: NICU

Patient MRN: 123456

Date of Birth: 06 / 01 / 1995

Sex: Male

Race:

Ethnicity:

Address: 123 Main St

City: Helena

State: MT

ZIP/Postal Code: 59601

Save Patient

**Order Choices**

Search Order Choice List: All Lists

Order Choice Search:

Diagnosis required for Medicaid

Diagnoses:

Search Summary

Order Choice	ICD Codes	Sample ID	Priority	Billing	Cancel
To select an order choice, type in the text box or select an order choice list.					

**Documentation and Actions**

Print Labels Requisition(s) Lab Report Comments

Clinical Info Linked Docs Cancel Order Collect Samples

Sign Out New Order

For Newborn Screening having the correct collection date and time is very important.

- **Please ensure the correct collection time and date are entered on the order screen for newborn screening orders.**

- For newborn orders, “NBS Form No”, “NBS Repeat”, and “NICU:” are required. Click on these buttons to enter this information.

Submitter Order ID:

**Newborn Screening Only:**

NBS Form No:

NBS Repeat:

NICU:

**Order Choices**

- “NBS Form No:” is the serial number from the NBS bloodspot collection card.
  - “NBS Repeat:” is yes or no.
    - If the sample is a repeat this should be marked as a yes.
  - “NICU” is yes or no.
    - If the baby is in the NICU this should be marked as a yes.
- ❖ Once all the required information is entered, the system will then allow typing in the “Order Choice Search”. Start typing in the order choice Search field or select a list to filter by. (See the document [How to Search for Tests \(mt.gov\)](#) for more detailed instructions)

**Order Choices**

Order Choice Search:

or search by selecting a list below:

Filter by List:

Order Choice      Order Choice Received Date/Time

- This will then open a smaller screen where you can choose from the order choices available to your practice.
- Select the test/test(s) you would like for this patient sample. Press “Add Selected Items”.

The screenshot shows the Zzttest22, Patient interface. The main panel displays patient information and order details. A modal window titled "Order Choice Search" is open, showing a search results table with columns: Select, Abbreviation, Name(s), Collection Information, Storage Temperature, and CPT Codes. The table lists one entry: "EntericP" with a count of 1. Below the table, there is a "Selected Items" section with a table showing the selected item "EntericP" and its details. A green arrow points to the "Add Selected Items" button at the bottom right of the modal.

- If the test that is to be performed on this sample is not on the choice list, please choose “Misc. test 2” and use the Additional Order Information button to tell us what you are trying to order.
- If tests are being requested on two different specimen/sample types, please put these on separate orders.
- If you need to enter Medicaid billing information, see p. 13 for instructions.
- If you need to provide any additional information about the order for our staff, use the “Additional Order Information” button below the order choice list. This information will appear at the top of the requisition.
- Once the order choice/choices are selected and added to the patient’s order, click “Save.”
  - This will bring up the clinical questions for you to answer.
    - Depending on the specimen source, you may need to enter an additional note for this question. For example, if you choose “Lesion Swab,” please indicate the site of the lesion in the additional note. Only type something in this field if it pertains to the specimen itself. A source like “Nasopharyngeal Swab” needs no further information.
  - If the Date of Onset question appears:
    - Select Onset or Exposure if there is an exposure or symptom onset date; and type the date in the Additional Note field.
    - For serology testing, use “serology screen only” if there is no exposure/onset date.
    - For covid testing select the appropriate choice: screen, surveillance, onset, exposure, etc.

**Zzztest, Cougar**

Patient: Zzztest, Cougar

Collection Location: PUBLIC HEALTH LABORATORY

Order Date: 08/13/2021 09:31 AM

Ordering Provider: Laboratory

Order ID: NEW ORDER

Order Choices

Order Choice	ICD Codes	Sample ID	Priority
SARS-CoV-2	None selected	T.B.D.	Routine

**Clinical Information**

Order Choices Clinical Info Response

SARS-CoV-2 Specimen Source: Nasal Swab

Additional Note

SARS-CoV-2 Date of Onset

☐ Exposure  
☒ Onset  
☐ Screen  
☐ Surveillance  
☐ Acute Serology Specimen  
☐ Convalescent Serology Specimen  
☐ Serology Screen Only  
☐ Convalescent Only Serology Specimen  
☐ Acute Only Serology Specimen  
☐ Post Convalescent Serology Specimen  
☐ Baseline Serology Screen  
☐ Not Applicable  
☐ Not Given

Additional Note: 8/10/2021

SARS-CoV-2 COVID Info

☐ Initial Test  
☒ Healthcare  
☐ Hospitalized  
☐ ICU  
☒ Symptomatic  
☐ Resident  
☐ Contact

Save Cancel

- After answering all clinical information questions, click Save. (see p. 6 for exceptions that may occur at this point)
- If there are no exceptions, the requisition will be displayed on the screen and will need to be printed and sent with each sample. Please do not print requisitions for newborn screening orders. (The paper filled out on the blood spot card is the requisition.)

Print Report

External Report

1 of 1

**MTPHL ON LINE REQUISITION**  
MT Public Health Laboratory 1400 Broadway Helena, MT 59601  
CLIA#27D0652531

**Order Information:**  
Collection Location: ..Test Location  
Order ID: 9823-on-21201 Date Printed: 07/20/2021 9:22AM  
Ordering Provider: ..Laboratory  
Ordered Date: 07/20/2021 9:21AM  
Order Comments:

**Patient Information:**  
Name: Zztest22, Patient  
Patient ID: C20211771885  
MRN: 123456  
DOB: 06/01/1995  
Age / Gender: 26y M  
Address: 123 Main St, Helena, MT 59601  
Patient Comments:

**Order Choices for: Harvest**

SID: C21201737 Collected: 07/20/2021 9:21AM

Name	Priority	Tube/Container	ICD Codes
Influenza A and B Virus Detection (PCR)	R	(1) Universal Transport Media	
REFRIGERATED.			
Billing: Client Bill			

**Clinical Info:**

Order Choices	Questions	Answers
Inf A-B PCR	Specimen Source:	Nasopharyngeal

OK

- Once all the requisitions have been printed, you are done placing orders for the day, and you have all the orders that will be sent to the state lab together, a manifest must be created to be sent with the samples to MT State Public Health Laboratory. See p. 7 for how to create a manifest.

Exceptions that may occur when clicking “Save”:

- ❖ If required information is missing on an order, a message will pop up.
  - Click okay.
  - Once the missing information is input then click “save”.

The screenshot shows a web application interface for a patient order. At the top, there's a red header with '1889 Patient MRN: C20212081889'. Below it, a blue bar says 'NEW ORDER'. The form contains fields for Patient Name (Smith, Bobcat), Test Location (..Test Location), Date (07/27/2021), Time (11:17 AM), and User (..Test User, Laboratory). There are also fields for City, State (MT), and ZIP/Postal Code. At the bottom, there are buttons for 'NBS Form No:', 'NBS Repeat:', and 'Save Patient'. A pop-up message box is overlaid on the form, titled '10.195.52.78:443 says', with the text: '1. Order-level required information is missing for Newborn Screening. Enter missing information at the bottom of the screen (NBS Form No., Repeat status).'. A green arrow points to the 'OK' button in the pop-up.

- The clinical questions will appear. Click “save” again.
- ❖ if there are multiple tests on the same order but they are for different sections in our lab, a screen will pop up with a warning that a split order choice rule was applied. Press “continue save”.
  - The system will split the orders, and separate requisitions will be displayed for each in sequence. Print each requisition and include all of them with the sample.

The screenshot shows a web application interface titled 'MTPHL ON LINE REQUISITION'. Below the title, there's a red banner with the text: 'A Split Order Rule has created an additional order'. Below the banner, there's a message: 'A Split Order Rule has created an additional order.' and a button labeled 'Continue Save'. A green arrow points to the 'Continue Save' button. At the bottom, there's a section for patient information: 'Name: Zztest22, Patient', 'Patient ID: C20211771885', and 'MRN: 123456'.

➤ Creating a Manifest

- Under manage samples click “create manifest”

- ◆ This will bring up all the orders that have been created from your location that have not been placed on a manifest yet.
- Other criteria can be selected if a sample is not found on this list, including samples that are on other manifest or from past collection dates that are on other manifests.

- Please create separate manifests for Newborn Screening samples vs all other samples.

- When creating a manifest for Newborn Screening, look at the Order Choice column, and select all Newborn orders by clicking in the select box. Click “Create Manifest”.

Sample Collection Location	Select	Order ID	Patient	Sample ID	Collection Date/Time	Order Date/Time	Order Choices	Host Codes	Proposed Collection Location
..Test Location	<input type="checkbox"/>	9841-qn-21229	Ztest, Patient5	C21229750	08/17/2021 2:35PM	08/17/2021 2:41PM	OandP	EntericP	..Test Location
..Test Location	<input type="checkbox"/>	9840-qn-21229	Ztest, Patient5	MIC21000008	08/17/2021 2:35PM	08/17/2021 2:41PM	EntericP	EntericP	..Test Location
..Test Location	<input checked="" type="checkbox"/>	9842-qn-21235	Ztest, Patient6	NBS21000146	08/21/2021 6:00PM	08/23/2021 11:12AM	NBS CORE 3	NBS Core 3	..Test Location
..Test Location	<input checked="" type="checkbox"/>	9843-qn-21235	Ztest, Patient10	NBS21000147	08/22/2021 7:30AM	08/23/2021 11:23AM	NBS CORE 3	NBS Core 3	..Test Location
..Test Location	<input type="checkbox"/>	9844-qn-21235	Ztest, Patient5	MIC21000009	08/23/2021 2:12PM	08/23/2021 2:12PM	EntericP	EntericP	..Test Location
..Test Location	<input type="checkbox"/>	9845-qn-21235	Ztest22, Patient	C21235752	08/23/2021 2:13PM	08/23/2021 2:16PM	SARS-CoV-2	2019nCoV	..Test Location

- This will bring up a manifest just for Newborn Screening. Print and send this manifest in the envelope with the dried blood spot cards.

**Print Manifest**

Manifest ID: 21235140401

1 of 1

MONTANA PUBLIC HEALTH LABORATORY  
1400 BROADWAY HELENA, MT 59604-4369  
1-800-821-7284

**MANIFEST**  
Collection Location: ...Test Location  
Manifest ID: 21235140401  
Date: 08/23/2021 2:04PM

Name: Ztest, Patient6  
DOB / Gender: 08/20/2021 / F

Order ID: 9842-on-21235  
Patient ID: C20212351893

SID: NBS21000146

Order Choice Name	Tube(s)/Container(s)	Collected
Newborn Screening Panel	(1) Dried Blood Spot Card	08/21/2021 6:00PM

Name: Ztest, Patient10  
DOB / Gender: 08/21/2021 / M

Order ID: 9843-on-21235  
Patient ID: C20212351894

SID: NBS21000147

Order Choice Name	Tube(s)/Container(s)	Collected
Newborn Screening Panel	(1) Dried Blood Spot Card	08/22/2021 7:30AM

Sign Out

Review Manifest < Back to Create Manifest

- Then select all other orders that will be sent to the MT State Public Health Laboratory. If this is all the orders on this page the word “select” can be pressed to select them all.
- Once all samples (other than Newborn Screening) are selected click the “create manifest” button. This will open a screen from where the manifest can be printed.
- Print this manifest and send it with the samples to the MT State Public Health Laboratory.

**Print Manifest**

Manifest ID: 21202092901

1 of 1

MONTANA PUBLIC HEALTH LABORATORY  
1400 BROADWAY HELENA, MT 59604-4369  
1-800-821-7284

**MANIFEST**  
Collection Location: PUBLIC HEALTH LABORATORY  
Manifest ID: 21202092901  
Date: 07/21/2021 9:14AM

Name: Ztest22, Patient  
DOB / Gender: 06/01/1995 / M

Order ID: 9823-on-21201  
Patient ID: C20211771885

SID: C21201737

Order Choice Name	Tube(s)/Container(s)	Collected
Influenza A and B Virus Detection (PCR)	(1) Universal Transport Media	07/20/2021 9:21AM

Name: Ztest22, Patient  
DOB / Gender: 06/01/1995 / M

Order ID: 9822-on-21201  
Patient ID: C20211771885

SID: MIC21000007

Order Choice Name	Tube(s)/Container(s)	Collected
Enteric Panel	(1) Cary-Blair Transport	07/20/2021 9:21AM

Name: Ztest33, Patient  
DOB / Gender: 03/15/1986 / F

Order ID: 9824-on-21201  
Patient ID: C20211811886

SID: NBS21000144

Order Choice Name	Tube(s)/Container(s)	Collected
Newborn Screening Panel	(1) Dried Blood Spot Card	07/20/2021 1:46PM

Sign Out

Review Manifest < Back to Create Manifest



## ❖ Canceling and Adding on tests

- You can cancel an order or a test up until the point that it has been completed.
- To cancel an order or test, open the order (see the procedure for how to search for an order).
- Once you've opened the order, you can cancel the entire order by clicking the "Cancel Order" button.
- You can cancel an individual test on an order by clicking on the X in the cancel column next to the order you want to cancel.

**Zztest22, Patient**  
26y M  
PID: C20211771885 Patient MRN: 123456

Search Recent

Demographics | Insurance | Order History | Options

Order ID: 9832-on-21217 Status: NO RESULTS Entered by

Patient:\* Zztest22, Patient  
Collection Location: ..Test Location  
Collection Date:\* 08 / 05 / 2021 03 : 49 PM Now Clear  
Ordering Location:\* ..Test Location  
Order Date: 08 / 05 / 2021 03 : 49 PM Now  
Ordering Provider:\* ..Test User, Laboratory  
Submitter Order ID:

Patient MRN: 123456  
Date of Birth:\* 06 / 01 / 1995  
Sex:\* Male  
Race:  
Ethnicity:  
Address: 123 Main St  
City: HELENA  
State: MT  
ZIP/Postal Code: 59601  
Save Patient

Newborn Screening Only:

NBS Form No:  
NBS Repeat:  
NICU

Order Choices

Search Order Choice List: All Lists  
Order Choice Search:

Diagnosis required for Medicaid  
Diagnoses: Search Summary

Order Choice	ICD Codes	Sample ID	Priority	Billing	Cancel
<a href="#">Lyme Disease Total Ab (EIA)</a>	None selected	C21217743	Routine	Client Bill	

Documentation and Actions

Print Labels  
Clinical Info

Requisition(s)  
Linked Docs

Lab Report  
Cancel Order

Comments  
Collect Samples

To cancel order

To cancel test

- ❖ Note the status of the order at the top. You can cancel a test or order up to the point that it has been completed. Once the status is Complete, the cancel buttons will be greyed out.
- ❖ When you click cancel, you will be asked to enter a reason. Pick a reason from the drop down list. You can enter additional info in the box.

Cancel Order

Order ID: 9832-on-21217  
 Patient Name: Zztest22, Patient  
 Patient ID: C20211771885  
 Sample ID(s): C21217743  
 Cancelled By: ..Test User, Laboratory  
 Cancelled Date:

Enter the reason for cancelling this order: \*

Reason\*

Preview

Reason	Active	Level
<a href="#">Canceled by ordering provider</a>	Yes	System
<a href="#">Duplicate order</a>	Yes	System
<a href="#">Ordered in error</a>	Yes	System
<a href="#">Other (specify in add'l info)</a>	Yes	System
<a href="#">Sample never collected</a>	Yes	System
<a href="#">Test patient order</a>	Yes	System
<a href="#">Unsatisfactory sample</a>	Yes	System

Additional

...

Insert Date/Time

❖ Once you've entered a reason, click Proceed with Cancellation at the bottom of the screen.

Proceed With Cancellation
Don't Cancel Order

It will take you back to the order screen. If you've canceled a test, you need to click save. If you've canceled the order, the status will have changed to Canceled.

❖ Canceled tests appear with lines through them in OEL.

**Zztest22, Patient**

 Search

26y M  
 PID: C20211771885 Patient MRN: 123456
 
[Demographics](#) | [Insurance](#) | [Order History](#) | [Options](#)

Order History Filter [\(show filter\)](#)

..Test Practice: Zztest22, Patient / Patient ID: C20211771885 / MRN: 123456

Total rows selected: 0

Order ID	Sample ID List	Order Choice Abbreviations	Ordering Location	Proposed Collection	Sample Collection Date	Order Date	Ordering Provider	Status
<a href="#">9822-on-21201</a>	MIC21000007	EntericP (R), PDF (R)	..Test Location	07/20/2021 9:21AM	07/20/2021	08/06/2021 2:15PM	..Laboratory	Complete
<a href="#">9832-on-21217</a>	C21217743	<del>Lyme (EIA) (R)</del>	..Test Location	08/05/2021 3:49PM	08/05/2021	08/05/2021 3:49PM	..Test User, Laboratory	Cancelled <a href="#">(more)</a>
<a href="#">9827-on-21216</a>	C21216738	OandP (R)	..Test Location	08/04/2021 8:04AM	08/04/2021	08/04/2021 8:20AM	..Laboratory	Accession Pending, No Results
<a href="#">9823-on-21201</a>	C21201737	Inf A-B PCR (R)	..Test Location	07/20/2021 9:21AM	07/20/2021	07/20/2021 9:21AM	..Laboratory	Accession Pending, No Results
<a href="#">9818-on-21188</a>	C21188733	SARS-CoV-2 (R)	..Test Location	07/07/2021 3:09PM	07/07/2021	07/07/2021 3:10PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9817-on-21188</a>	C21188732	CT-GC Combo (Public) (R)	..Test Location	07/07/2021 3:03PM	07/07/2021	07/07/2021 3:04PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9816-on-21188</a>	SER21000004	Syphilis IgG (R)	..Test Location	07/07/2021 3:03PM	07/07/2021	07/07/2021 3:04PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9812-on-21181</a>	MIC21000006	EntericP (R)	..Test Location	06/30/2021 3:28PM	06/30/2021	06/30/2021 3:32PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9813-on-21181</a>	SER21000003	Syphilis IgG (R)	..Test Location	06/30/2021 3:28PM	06/30/2021	06/30/2021 3:31PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9807-on-21181</a>	C21181731	EntericP (R)	..Test Location	06/30/2021 2:55PM	06/30/2021	06/30/2021 2:56PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9805-on-21179</a>	C21179729	SARS-COV-2 IgG (R)	..Test Location	06/28/2021 1:08PM	06/28/2021	06/28/2021 1:08PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9804-on-21177</a>	C21177728	SARS-CoV-2 (Panther) (R)	..Test Location	06/26/2021 10:18AM	06/26/2021	06/26/2021 10:24AM	..Test User, Laboratory	Accession Pending, No Results

- ❖ You may re-activate a canceled test (not an order), by clicking on the check mark next to a canceled test.

**Zztest33, Patient**  
35y F  
PID: C20211811886 Patient MRN: 1234566

Search Recent

Order ID: 9806-on-21181 Status: NO RESULTS Entered by:

Patient: \* Zztest33, Patient  
Collection Location: ..Test Location  
Collection Date: \* 06 / 30 / 2021 02 : 46 PM Now Clear  
Ordering Location: \* ..Test Location  
Order Date: 06 / 30 / 2021 02 : 50 PM Now  
Ordering Provider: \* ..Test User, Laboratory  
Submitter Order ID:

Patient MRN: 1234566  
Date of Birth: \* 03 / 15 / 1986  
Sex: \* Female  
Race:   
Ethnicity:   
Address: 1234 South 6th St. W  
City: Great Falls  
State: MT  
ZIP/Postal Code:   
Save Patient

Newborn Screening Only:

NBS Form No:   
NBS Repeat:   
NICU

Order Choices

Search Order Choice List: All Lists  
Order Choice Search:

Diagnosis required for Medicaid  
Diagnoses: Search Summary

Order Choice	ICD Codes	Sample ID	Priority	Billing	Cancel
<a href="#">C. trachomatis (Aptima)</a>	None selected	C21181730	Routine	Client Bill	✓
<a href="#">Syphilis Serology, Qualitative</a>	None selected	C21181730	Routine	Client Bill	✗ View Cancellation Information/Reactivate

Documentation and Actions

Print Labels  
Clinical Info

Requisition(s)  
Linked Docs

Lab Report  
Cancel Order

Comments  
Collect Samples

- ❖ Select a reason for re-activation (use other and explain in the box.) Then click Proceed with Re-activation.

Update Reason Proceed With Reactivation Don't Reactivate

## ❖ Add-on Testing

- You may add-on a test to an existing order if it is not yet complete. If the order is complete you will need to create another order. To add a test, look up the order, and once in the order add order choices and save the same way that you would if you were entering a new order.

## ❖ ANY TIME YOU CANCEL, ADD OR RE-ACTIVATE A TEST FOR A SAMPLE THAT HAS ALREADY BEEN RECEIVED BY OUR LAB YOU MUST CALL or FAX TO LET US KNOW

- Samples that have not yet been received have a status of "Accession Pending".

**Zztest22, Patient**
26y M  
PID: C20211771885 Patient MRN: 123456

Demographics | Insurance | Order History | Options

Order History Filter [\(show filter\)](#)

Cumulative

..Test Practice: Zztest22, Patient / Patient ID: C20211771885 / MRN: 123456

View Archive

Total rows selected: 0 [Clear](#)

Show 20 entries
Showing 1 to 12 of 12 entries

Order ID	Sample ID List	Order Choice Abbreviations	Ordering Location	Proposed Collection	Sample Collection Date	Order Date	Ordering Provider	Status
<a href="#">9822-on-21201</a>	MIC21000007	EntericP (R), PDF (R)	..Test Location	07/20/2021 9:21AM	07/20/2021	08/06/2021 2:15PM	..Laboratory	Complete
<a href="#">9832-on-21217</a>	C21217743	Lyme (EIA) (R)	..Test Location	08/05/2021 3:49PM	08/05/2021	08/05/2021 3:49PM	..Test User, Laboratory	Cancelled <a href="#">(more)</a>
<a href="#">9827-on-21216</a>	C21216738	OandP (R)	..Test Location	08/04/2021 8:04AM	08/04/2021	08/04/2021 8:20AM	..Laboratory	Accession Pending, No Results
<a href="#">9823-on-21201</a>	C21201737	Inf A-B PCR (R)	..Test Location	07/20/2021 9:21AM	07/20/2021	07/20/2021 9:21AM	..Laboratory	No Results
<a href="#">9818-on-21188</a>	C21188733	SARS-CoV-2 (R)	..Test Location	07/07/2021 3:09PM	07/07/2021	07/07/2021 3:10PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9817-on-21188</a>	C21188732	CT-GC Combo (Public) (R)	..Test Location	07/07/2021 3:03PM	07/07/2021	07/07/2021 3:04PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9816-on-21188</a>	SER21000004	Syphilis IgG (R)	..Test Location	07/07/2021 3:03PM	07/07/2021	07/07/2021 3:04PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9812-on-21181</a>	MIC21000006	EntericP (R)	..Test Location	06/30/2021 3:28PM	06/30/2021	06/30/2021 3:32PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9813-on-21181</a>	SER21000003	Syphilis IgG (R)	..Test Location	06/30/2021 3:28PM	06/30/2021	06/30/2021 3:31PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9807-on-21181</a>	C21181731	EntericP (R)	..Test Location	06/30/2021 2:55PM	06/30/2021	06/30/2021 2:56PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9805-on-21179</a>	C21179729	SARS-COV-2 IgG (R)	..Test Location	06/28/2021 1:08PM	06/28/2021	06/28/2021 1:08PM	..Test User, Laboratory	Accession Pending, No Results
<a href="#">9804-on-21177</a>	C21177728	SARS-CoV-2 (Panther) (R)	..Test Location	06/26/2021 10:18AM	06/26/2021	06/26/2021 10:24AM	..Test User, Laboratory	Accession Pending, No Results

Show 20 entries
Showing 1 to 12 of 12 entries

- To fax, just print the requisition from the system and make a note as to what you are doing, then fax to us at 406-444-5527
- To print a requisition, from the order history screen - right click on the order and select requisition, or from within the order, click on the requisition button.

## Entering Medicaid Information

- From the Order Patient Samples Screen, Click Insurance in the top menu bar.
- On the Insurance screen, if Medicaid is not already listed, Click “Add an Insurance Plan”

**Zzttest33, Patient** 35y F  
PID: C20211811886 Patient MRN: 1234566  
Demographics | **Insurance** | Order History | Options

Order ID: NEW ORDER Status: NEW ORDER Entered by: ..Test User, LA

Patient: "Zzttest33, Patient" Patient MRN: 1234566  
Collection Location: ..Test Location Date of Birth: 03 / 15 / 1986  
Collection Date: 08 / 06 / 2021 1 : 38 PM Now Clear Sex: Female  
Ordering Location: ..Test Location  
Order Date: 08 / 06 / 2021  
Ordering Provider: ..Test User, Laborator  
Submitter Order ID: ..Test User, Laborator

**Patient Insurance** Choose existing insurance information, or create new.

Insurance Summary Primary Secondary Tertiary Guarantor

No insurance information exists for this patient.

☐ Select this insurance for ZZTEST33, Patient

Newborn Screening Only: NBS Form No: NBS Repeat: NICU

Order Choices

Search Order Choice List: All Lists  
Order Choice Search: ..Test User, Laborator

Order Choice ICD Codes

To select an order choice, type in the text b

Documentation and Actions

Print Labels Requisition(s) Save Discard Changes Cancel

- It will take you to the Primary Insurance Tab. Start typing “Medicaid” in the Insurance Plan field.
- The Medicaid Plan should then appear in the list. Click the Medicaid plan.

**Patient Insurance** Search for and select a primary plan.

Insurance Summary Primary Secondary Tertiary Guarantor

Insurance Company ..Test User, Laborator Copy from Previous ..Test User, Laborator

Insurance Plan me Insurance Company Address 1 Address 2 Insurance Type Saved data X MEDII Country

Company <sup>1</sup>	Plan <sup>2</sup>	Phone	Contact	Contact Phone	Address
Medicaid	Medicaid				000000000

Save Discard Changes Cancel

- ❖ Click Select when the Medicaid plan information pops up.
- ❖ Enter the policy number in the Policy field (this field is required). Then click Save.
- ❖ Once all the rest of the order information is filled in, you must enter at least one diagnosis code for Medicaid billing.

Zztest33, Patient

35y F

PID: C20211811886 Patient MRN: 1234566

Demographics | Insurance |

Order ID: NEW ORDER

Status: NEW ORDER

Patient:\* Zztest33, Patient

Collection Location: ..Test Location

Collection Date:\* 08 / 06 / 2021 01 : 47 PM Now Clear

Ordering Location:\* ..Test Location

Order Date: 08 / 06 / 2021 01 : 38 PM Now

Ordering Provider:\* ..Test User, Laboratory

Submitter Order ID:

Patient MRN: 1234566

Date of Birth:\* 03 / 15 / 1986

Sex:\* Female

Race:

Ethnicity:

Address: 1234 South 6th St. W

City: Great Falls

State: MT

ZIP/Postal Code:

Save Patient

Newborn Screening Only:

NBS Form No:

NBS Repeat:

NICU

Order Choices

Search Order Choice List: All Lists

Order Choice Search:

Diagnosis required for Medicaid

Diagnoses:

Search

Summary

Order Choice	ICD Codes	Sample ID	Priority	Billing	Cancel
Ova & Parasite Exam	None selected	T.B.D.	Routine	Client Bill	

Patient Insurance

Documentation and Actions

Insurance

Print Labels

Requisition(s)

Lab Report

Comments

Clinical Info

Linked Docs

Cancel Order

Collect Samples

Insurance Coverage

Insurance Plan Medicaid

Copy from Previous

Details

Clear

Remove

Insured Information

Diagnosis Search

fever, uns Search

Search

Patient's Previous

User's Frequent

Select	Code	Description
<input type="checkbox"/>	A01.00	Typhoid fever, unspecified
<input type="checkbox"/>	A01.4	Paratyphoid fever, unspecified
<input type="checkbox"/>	A25.9	Rat-bite fever, unspecified
<input type="checkbox"/>	A68.9	Relapsing fever, unspecified
<input type="checkbox"/>	A75.9	Typhus fever, unspecified
<input type="checkbox"/>	A77.9	Spotted fever, unspecified
<input type="checkbox"/>	A92.9	Mosquito-borne viral fever, unspecified
<input type="checkbox"/>	A95.9	Yellow fever, unspecified
<input type="checkbox"/>	A96.9	Arenaviral hemorrhagic fever, unspecified
<input checked="" type="checkbox"/>	B50.9	Fever, unspecified

Show Selected Items

Add All Selected Items

Cancel

Employer Information

Employer

Employer ID

Employer Plan Code

Employer Phone #

Employer Address 1

Employer Address 2

Employer City

Employer State

Employer ZIP Code

Employer Country U.S.A.

Save

Discard Changes

Cancel

- ❖ You can type the code directly in the field or use the search button to find a code.

- ❖ Once you've entered diagnosis codes, they will appear under the Order Choice(s) you entered on the order

**Zztest33, Patient**  
35y F  
PID: C20211811886 Patient MRN: 1234566

Demographics | Insurance | O

Order ID: NEW ORDER
Status: NEW ORDER

Patient:\* Zztest33, Patient
Collection Location: ..Test Location
Collection Date:\* 08 / 06 / 2021 01 : 47 PM Now Clear
Ordering Location:\* ..Test Location
Order Date: 08 / 06 / 2021 01 : 38 PM Now
Ordering Provider:\* ..Test User, Laboratory
Submitter Order ID:

Patient MRN: 1234566
Date of Birth:\* 03 / 15 / 1986
Sex:\* Female
Race:
Ethnicity:
Address: 1234 South 6th St. W
City: Great Falls
State: MT
ZIP/Postal Code:
Save Patient

Newborn Screening Only:
NBS Form No:
NBS Repeat:
NICU

Order Choices

Search Order Choice List: All Lists
Order Choice Search:
Diagnosis required for Medicaid
Diagnoses: Search Summary

Order Choice	ICD Codes	Sample ID	Priority	Billing	Cancel
<a href="#">Ova &amp; Parasite Exam</a>	R50.9	T.B.D.	Routine	Client Bill	X

Documentation and Actions

Print Labels
Requisition(s)
Lab Report
Comments
Clinical Info
Linked Docs
Cancel Order
Collect Samples

❖ Creating a ticket to add a new provider

**Zztest, Baby10**  
9m F  
PID: C202209076122 Patient MRN: C202209076122

Demographics | Insurance | Order History | Options

Order ID: 42343-on-22364 Status: NO RESULTS

*A signed physician's order is required for all laboratory testing and must be provided to MTPHL upon request as necessary for Medicaid billing or audit purposes.*

Patient: \* Zztest, Baby10 Patient MRN: C202209076122

Collection Location: ..Test Location Date of Birth: \* 03 / 29 / 2022

Collection Date: \* 12 / 29 / 2022 03 : 46 PM Now Clear Sex: \* Female

Ordering Location: ..Test Location Race:

Order Date: 12 / 30 / 2022 03 : 48 PM Now Ethnicity:

Ordering Provider: \* ..Laboratory Address:

Submitter SID: City:

State: MT

ZIP/Postal Code:

Newborn Screening Only:

Order Choices

- After saving the order the “create ticket” button will be available.
- Click create ticket
  - Create ticket screen
  - The “Client” field will be automatically filled with the location you are signed in as.

**Create Ticket**

Item ID: -

Client: \* ..Test Location

Reason: \*

Summary: \*

...

Description:

...



- Please select “System Issue or Inquiry” in the “Reason” field.

**Create Ticket**

Item ID

-

Client\*

..Test Location

Reason\*

Summary\*

Description

Name

[Add-on or Cancellation](#)

[Billing Issue or Inquiry](#)

[Contact Info Update](#)

[Correction - Completed Order/Report](#)

[Correction - Pending Order](#)

[Order/Sample Inquiry](#)

[Report Request](#)

[Supply Issue or Inquiry](#)

[System Issue or Inquiry](#)

[Undesignated/Other](#)

1

- Below the “Summary” field click the “...” and select Provider

The screenshot displays a software interface with a 'Quick Comments' dialog box open. The dialog has a title bar 'Quick Comments' with a close button. Inside, there is a list of four options, each with an unchecked checkbox:

- ☐ Access Authorization/User Attestations
- ☐ Failed Run
- ☐ New Provider
- ☐ No Order

A red arrow points to the 'New Provider' option. Below the list, there are two dropdown menus: 'Postpend' and 'Separate Comments with: Comma'. At the bottom of the dialog are 'Save' and 'Close Window' buttons. In the background, a form is visible with a 'Summary\*' field and a 'Description' field. A red arrow points to a '...' button located below the 'Summary\*' field.

- In the “Description” field please put the doctor’s name lastname, firstname and the doctor’s NPI number. Then click “save”.

**Create Ticket** ✕

Item ID

Client\*  ⚙ 📌

Reason\*  ⚙ 📌

Summary\*  ⋮

Description 

Doe, John  
NPI: 252636954

⋮

Save Close

- This ticket will be linked to this order, and we will work this ticket as soon as possible to get the doctor in our system.